ESPOSITO PARTNERS

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March 13, 2012

VIA OVERNIGHT COURIER

Federal Election Commission 999 E Street, NW Washington, DC 20463

Re: Statement of Organization (FEC Form 1) for "Freedom of Web" an Independent Expenditure-Only PAC

Dear Sir or Madam:

Enclosed is Federal Election Commission ("Commission") Form 1 Statement of Organization for "Freedom of Web."

Freedom of Web intends to make unlimited independent expenditures. Consistent with the United States Supreme Court's decision in <u>Citizens United</u>, the United States Court of Appeals for the District of Columbia Circuit's decision in <u>SpeechNow</u> and the Commission's 2010-09 and 2010-11 Advisory Opinions, it therefore intends to raise Individual, corporate and/or labor funds in unlimited amounts. Freedom of Web will not use those funds to make contributions, whether direct, in kind, or via coordinated communications, to federal candidates or committees.

Thank you.

Respectfully submitted,

ESPOSITO PARTNERS

Frank M. Esposito, Esq.

Encl.

STATEMENT OF

RECEIVED

FORM 1		ORGANIZATION			i	TECMAN CENTER			
1. NAME OF COMMITTEE (II	n full)		heck if name changed)		nple:If typing, type the lines.	12FE41	Control or washington Control		
Freedo	m, of	, Web				111			
سيب		1111							
ADDRESS (number and street) C/O Esposito Partners									
- Charle II a		1275 Madison Avenue, 14th Floor							
(Check if address is changed)		New York			NY 110016-L				
				CITY		STATE	ZIP CODE		
COMMITTEE'S E-M	AIL ADDRE	SS (Please d	provide only one	e-mail ad	dress)				
			•		eplawllc	, com			
(Check if is change		1							
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COMMITTEE'S WEE	B PAGE AD	•	•						
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(Check if address is changed)									
2. DATE	3 1	3'20	12						
			c						
3. FEC IDENTIF	CATION N	UMBER		req	uested				
4. IS THIS STATE	MENT	NEW ((N) OR		AMENDED (A)				
I certify that I have	I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
Larry Goldman									
Type or Print Name of Treasurer									
Signature of Treasurer Date 03' 13' 2012									
NOTE: Submission of false, empresus, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.									
Office Use Only					For turther information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

5.

	-	OMMITTEE Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand						
Cand Party	idate Affiliati	Office State on Sought: House Senate President District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	y Con	nmittee:				
(d)	(+ 1) 	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
		Corporation Corporation w/o Capital Stock Labor Organization				
		Membership Organization Trade Association Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	Iraising Representative:				
(g)	1 477 2 16 3 27	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political				
(h)	<u>(= 1</u>	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political				
`,	i di	committees/organizations, none of which is an authorized committee of a federal candidate.				
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number C				
	2.	FEC ID number C				
	3.					
	4.					

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Freedom of Web	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
None	
Mailing Address	
	11111
CITY STATE ZI	IP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records. 	ession of committee
Full Name Larry Goldman	
, 1860 Walt Whitman Road	
Mailing Address Suite 600	
Melville NY 117	<u> </u>
	<u> </u>
Title or Position CITY STATE ZI	IP CODE
Treasurer Telephone number 800 85	56-0700
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	e and address of
Full Name , Larry Goldman	
of Treasurer	
Mailing Address 1860 Walt Whitman Road	1 1 1 1
Suite 600	1.1.1.1
Melville NY 11174	47-
CITY STATE ZI	P CODE
Treasurer 800-85	6-0700

FEC Form 1 (Re	vised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	I I I I I I I I I I I I I I I I I I I	ephone number	J-L
safety deposit boxes or Name of Bank, Deposito		the committee deposits fun	ds, holds accounts, rents
<u> </u>			
Mailing Address			
		ا ليا ليب	
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ory, etc.		
ليا	<u></u>		
Mailing Address		<u> </u>	
		ا ليا ليب	
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
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